

PLEASE PRINT

# ADMINISTRATION FORM

MUST BE COMPLETED TO EFFECTUATE AGREEMENT

NAME OF FIRM KW Construction Inc.

ADDRESS 4235 KATONAH AVE BRONX NY

TELEPHONE # 718 325 0967 FAX# 718 994 7098

CELL# 917 952 5107 BEEPER # ---

WORKERS COMPENSATION INSURANCE CO. OSBOLO 3UNJ

POLICY # 1201566-5 DOMINANT

EMPLOYER FEDERAL IDENTIFICATION NUMBER 13-3793714

AS THE PRINCIPAL, OFFICER, STOCKHOLDER, PARTNER, OR OWNER ARE YOU **OPERATING OR HAVE OPERATED** A BUSINESS SIMILAR TO THE JURISDICTION OF THE WORK THAT IS LISTED IN THE AGREEMENT YOU ARE ABOUT TO SIGN

☐ NO ☒ YES NAME OF BUSINESS KW Construction

SIGNATURE \_\_\_\_\_

## CORPORATION

IS CORPORATION INCORPORATED UNDER THE LAWS OF NEW YORK STATE? ☒ YES ☐ NO

IS CORPORATION LICENSED TO DO BUSINESS IN NEW YORK STATE? ☒ YES ☐ NO

IS CORPORATION REGISTERED AS M W B E ? ☐ YES ☒ NO OR L B E ☐ YES ☒ NO


OFFICER'S NAMES	TITLE	SOCIAL SECURITY #	HOME ADDRESS	TELEPHONE NUMBER
1. <u>JOHN WHYTE</u>	<u>owner</u>	<u>063-76-2991</u>	<u>7 Delano Ave Yonkers N.Y.</u>	<u>917 952 5107</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

STOCKHOLDER'S NAMES	SOCIAL SECURITY #	HOME ADDRESS	TELEPHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Commercial  
Residential

4235 Katonah Ave.  
Bronx, NY 10470

## Partnership

Partnership	HOME ADDRESS	TELEPHONE NUMBER
1.  <b>CONSTRUCTION INC.</b>	_____	_____
2. <b>JOHN WHYTE</b>	Tel. (718) 325-0967 Fax (718) 994-7098	_____

## SOLE PROPRIETORSHIP

COLLECTIVE BARGAINING AGREEMENT PREPERATION FORMDunne  
11/22/91Interview Date 11/22/91 By @

PRINCIPAL CROSS CHECK Yes [ ] No [ ] By \_\_\_\_\_

EMPLOYER H N General Contractor ACCOUNT NO. 1-14339ADDRESS 29 PLYMOUTH AVE FED. I.D. \_\_\_\_\_YONKERS NY ZIP CODE 10710 TELE # 914-779-9425Name of person being interviewed TOMMY WAITE Title PARTNERType of Construction SheetrockingAverage No. of Carpenters 3-4 Other Trades \_\_\_\_\_Do Principals work at trade? Yes [ ] No [ X ]

Name \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

Name \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

Name \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

Member/Employer Addendum Yes [ ] No [ X ] Effective Date \_\_\_\_\_Present Job Location PIERRE HOTELPrevious Agreement NONE Thru \_\_\_\_\_ Type \_\_\_\_\_

Thru \_\_\_\_\_ Type \_\_\_\_\_

Thru \_\_\_\_\_ Type \_\_\_\_\_

Thru \_\_\_\_\_ Type \_\_\_\_\_

Promotional Fund Contributed to DEYOUNGType of Agreement(s) being prepared 20 Year Cont Effective Date 11/22/91

Effective Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Stamps purchased thru New Act Open Audit Bal \_\_\_\_\_ Audit thru \_\_\_\_\_REMARKS ALL forms to be reviewed.O.H. M. DUNNE

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TO BE COMPLETED BY DISTRICT COUNCIL